

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/663963	FILING DATE	
						APPLICANT(S)		
CLAIMS								
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51		
2						52		
3						53		
4						54		
5						55		
6						56		
7						57		
8						58		
9						59		
10						60		
11						61		
12						62		
13						63		
14		1				64		
15			1			65		
16			1			66		
17			1			67		
18			1			68		
19			1			69		
20			1			70		
21			1			71		
22			1			72		
23			1			73		
24			1			74		
25			1			75		
26			1			76		
27			1			77		
28			1			78		
29			1			79		
30			1			80		
31			1			81		
32			1			82		
33			1			83		
34			1			84		
35			1			85		
36			1			86		
37			1			87		
38			1			88		
39			1			89		
40			1			90		
41			1			91		
42			1			92		
43			1			93		
44			1			94		
45			1			95		
46			1			96		
47			1			97		
48			1			98		
49			1			99		
50			1			100		
TOTAL IND.			1			TOTAL IND.		
TOTAL DEP.			14			TOTAL DEP.		
TOTAL CLAIMS			15			TOTAL CLAIMS		